

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/669,051
APPLICANT(S) _____

FILING DATE _____

7-22-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	1		1			
TOTAL DEP.	2		1			
TOTAL CLAIMS	3		2			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						